

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAmerican Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAG)

ADDRESS (number and street)

2296 Henderson Mill Road

Check if different
than previously
reported. (ACC)

Suite 206

Atlanta

GA

30345

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00331017

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2002

through

03

31

2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Stephen A. Montes D.O.

Signature of Treasurer

Electronically Filed by Stephen A. Montes D.O.

Date

04

13

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	2

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	2

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		87796.28
(b) Cash on Hand at Beginning of Reporting Period	87796.28	
(c) Total Receipts (from Line 19)	7169.00	7169.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	94965.28	94965.28
7. Total Disbursements (from Line 31)	5622.58	5622.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89342.70	89342.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	2

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4350.00	4350.00
(ii) Unitemized	2819.00	2819.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	7169.00	7169.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	7169.00	7169.00
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7169.00	7169.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7169.00	7169.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		.00	.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		.00	.00
(b) Other Federal Operating Expenditures.....		122.58	122.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		122.58	122.58
22. Transfers to Affiliated/Other Party Committees.....		.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		2000.00	2000.00
24. Independent Expenditure (use Schedule E) .....		.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		.00	.00
26. Loan Repayments Made.....		.00	.00
27. Loans Made.....		.00	.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		.00	.00
(b) Political Party Committees .....		.00	.00
(c) Other Political Committees (such as PACs) .....		.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		.00	.00
29. Other Disbursements.....		3500.00	3500.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		.00	.00
(ii) "Levin" Share .....		.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		5622.58	5622.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		5622.58	5622.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7169.00	7169.00
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7169.00	7169.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	122.58	122.58
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	122.58	122.58

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Scott G. Barnes, D.O.
Mailing Address 3513 Schoolhouse Lane

City State Zip Code
Harrisburg PA 17109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bronstein/JeffriesOccupation
Physician

Receipt For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	2

Transaction ID: SA11Ai-CN1570

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr. Manuel H. Basora, M.D.
Mailing Address 4203 Country Drive

City State Zip Code
Vernon TX 76384

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	0	2

Transaction ID: SA11Ai-CN1601

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert T. Bonham, M.D.

Mailing Address 55 Judd Street
2110

City State Zip Code
Honolulu HI 96817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weienae Coast Comp. Health
CtrOccupation
Physician

Receipt For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	0	2

Transaction ID: SA11Ai-CN1596

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Max W. Miller, M.D.
Mailing Address 1230 Davis Cup Court

City State Zip Code
Tracy CA 95376

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Dominic's HospitalOccupation
Physician

Receipt For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	0	2

Transaction ID: SA11Ai-CN1598

Amount of Each Receipt this Period

600.00

B. Full Name (Last, First, Middle Initial)
Dr. Jon M Owings, M.D.
Mailing Address 111 Jenni Leigh Drive

City State Zip Code
Huntsville AL 35806

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	0	2

Transaction ID: SA11Ai-CN1582

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)
Dr. Marilia Rivera-Rios, M.D.
Mailing Address 1 Fox

City State Zip Code
Nashville TN 37221

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	0	2

Transaction ID: SA11Ai-CN1584

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A. Full Name (Last, First, Middle Initial) Dr. Richard J. Roethel, M.D. Mailing Address 3901 Greenwood Drive City Pearlland State TX Zip Code 77584 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>2</td> </tr> </table> Transaction ID: SA11Ai-CN1585 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	2	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	3		2	9		2	0	0	2																							
300.00																																
B. Full Name (Last, First, Middle Initial) Dr. David A. Schmidt, M.D. Mailing Address 148 Hickory Creek Circle City Little Rock State AR Zip Code 72212 FEC ID number of contributing federal political committee. C Name of Employer Baptist Health Center Occupation Physician Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>2</td> </tr> </table> Transaction ID: SA11Ai-CN1597 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	2	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	3		2	9		2	0	0	2																							
250.00																																
C. Full Name (Last, First, Middle Initial) Dr. Sarah K. Scott, M.D. Mailing Address 2002 Golf Course View Drive City Edwardsville State IL Zip Code 62025 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>2</td> </tr> </table> Transaction ID: SA11Ai-CN1595 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	0	2	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	3		2	9		2	0	0	2																							
300.00																																

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Margaret C. Vives-Austin, M.D.

Mailing Address 4832 Rocky Shoals Circle

City State Zip Code
Evans GA 30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2002

Transaction ID: SA11Ai-CN1599

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

4350.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P. O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement

Bank Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2002

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: SB21b-EX233

Date of Disbursement

01 / 28 / 2002

Amount of Each Disbursement this Period

25.85

Merchant Processing Fees

B. Discover

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 52145

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement

Bank Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2002

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: SB21b-EX234

Date of Disbursement

01 / 03 / 2002

Amount of Each Disbursement this Period

1.59

Merchant Processing Fees

C. Discover

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 52145

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement

Bank Service Charge

Candidate Name

001

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2002

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: SB21b-EX238

Date of Disbursement

02 / 04 / 2002

Amount of Each Disbursement this Period

1.59

February Merchant Charges

SUBTOTAL of Disbursements This Page (optional)

29.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road
Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Bank Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX232

Date of Disbursement

01 / 03 / 2002

Amount of Each Disbursement this Period

33.00

Merchant Processing Fees

B. Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road
Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Bank Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX237

Date of Disbursement

02 / 04 / 2002

Amount of Each Disbursement this Period

35.30

February Merchant Services

C. Termnet Merchant Services

Mailing Address 2030 Powers Ferry Road
Suite 134

City Atlanta State GA Zip Code 30339

Purpose of Disbursement

Bank Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX240

Date of Disbursement

03 / 04 / 2002

Amount of Each Disbursement this Period

25.25

March Merchant Charges

SUBTOTAL of Disbursements This Page (optional)

93.55

TOTAL This Period (last page this line number only)

122.58

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Lane Evans

Mailing Address PO Box 5263

City
Rock Island

State
IL

Zip Code
61204

Purpose of Disbursement
Political Contributions

011

Category/
Type

Candidate Name
Lane Evans

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 17

Transaction ID: SB23-EX235

Date of Disbursement

02 / 11 / 2002

Amount of Each Disbursement this Period

1000.00

Friend Of Lane Evans House
17 (IL)

Full Name (Last, First, Middle Initial)

B. Friends Of Lane Evans

Mailing Address PO Box 5263

City
Rock Island

State
IL

Zip Code
61204

Purpose of Disbursement
Political Contributions

011

Category/
Type

Candidate Name
Lane Evans

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 17

Transaction ID: SB23-EX236

Date of Disbursement

02 / 21 / 2002

Amount of Each Disbursement this Period

1500.00

Friend Of Lane Evans House
17 (IL)

Full Name (Last, First, Middle Initial)

C. Friends Of Lane Evans

Mailing Address PO Box 5263

City
Rock Island

State
IL

Zip Code
61204

Purpose of Disbursement
Political Contributions

011

Category/
Type

Candidate Name
Lane Evans

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 17

Transaction ID: SB23-EX461

Date of Disbursement

03 / 31 / 2002

Amount of Each Disbursement this Period

-1500.00

Returned Check

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Brownback Restore America Lead

Mailing Address 303 Hart Senate Office Bldg.

City Washington State DC Zip Code 20510

Purpose of Disbursement
Political Contributions

Candidate Name
Sam Brownback

Office Sought: ☐ House
☒ Senate
☐ President

State: KS District: 1

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23-EX239

Date of Disbursement

MM / DD / YY
03 / 13 / 2002

Amount of Each Disbursement this Period

1000.00

Sam Brownback Senate 01
(KS)

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Jim King Campaign

Mailing Address 1914 Tyty Court

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement

Political Contributions

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX220

Date of Disbursement

01 / 22 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

Full Name (Last, First, Middle Initial)

B. Jim King Campaign

Mailing Address 1914 Tyty Court

City Tallahassee State FL Zip Code 32308

Purpose of Disbursement

Political Contributions

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX462

Date of Disbursement

01 / 22 / 2002

Amount of Each Disbursement this Period

-500.00

Returned Check

Full Name (Last, First, Middle Initial)

C. Mike Fasano Campaign

Mailing Address 8217 Massachusetts Ave

City New Port Richey State FL Zip Code 34653

Purpose of Disbursement

Political Contributions

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX219

Date of Disbursement

01 / 21 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Sandy Murman Campaign

Mailing Address 1107 East Jackson Street
Suite 101

City Tampa State FL Zip Code 33602

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2002 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX222

Date of Disbursement

01 / 17 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

Full Name (Last, First, Middle Initial)

B. Eleanor Sobel Campaign

Mailing Address 3365 Sheridan Street

City Hollywood State FL Zip Code 33021

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2002 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX223

Date of Disbursement

01 / 17 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

Full Name (Last, First, Middle Initial)

C. Mike Haridopolos Campaign Fund

Mailing Address 195 Augusta Way

City Melbourne State FL Zip Code 32940

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2002 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX225

Date of Disbursement

01 / 17 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Rudy Garcia Campaign

Mailing Address 7475 West 4th Street

City Hialeah State FL Zip Code 33014

Purpose of Disbursement

Political Contributions

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX226

Date of Disbursement

01 / 17 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

Full Name (Last, First, Middle Initial)

B. Ron Klein Campaign

Mailing Address 3333 South Congress Avenue
Suite 305A

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement

Political Contributions

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX228

Date of Disbursement

01 / 17 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

Full Name (Last, First, Middle Initial)

C. Ron Klein Campaign

Mailing Address 3333 South Congress Avenue
Suite 305A

City Delray Beach State FL Zip Code 33445

Purpose of Disbursement

Political Contributions

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX464

Date of Disbursement

03 / 31 / 2002

Amount of Each Disbursement this Period

-500.00

Returned Check

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Durell Peaden Campaign

Mailing Address 598 North Ferdon Blvd

City State Zip Code
Crestview FL 32536

Purpose of Disbursement

Political Contributions

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX229

Date of Disbursement

01 / 17 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

Full Name (Last, First, Middle Initial)

B. Charlie Clary Campaign

Mailing Address 1241 Airport Road
Suite A

City State Zip Code
Destin FL 32541

Purpose of Disbursement

Political Contributions

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX230

Date of Disbursement

01 / 17 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

Full Name (Last, First, Middle Initial)

C. Skip Campbell Campaign

Mailing Address 10094 McNab Road

City State Zip Code
Fort Lauderdale FL 33321

Purpose of Disbursement

Political Contributions

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21b-EX231

Date of Disbursement

01 / 17 / 2002

Amount of Each Disbursement this Period

500.00

nonfederal Contribution

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Physician Specialists Inc. Politician Action Committee
(AAPSPAC)

Full Name (Last, First, Middle Initial)

A. Skip Campbell Campaign

Mailing Address 10094 McNab Road

City Fort Lauderdale State FL Zip Code 33321

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2002
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21b-EX463

Date of Disbursement

01 / 25 / 2002

Amount of Each Disbursement this Period

-500.00

Returned Check

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

3500.00